Implementation Workgroup
Draft Transcript
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Presentation

Operator

All lines are now bridged.

MacKenzie Robertson – Office of the National Coordinator

Thank you. Good morning everyone. This is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Standards Committee's Implementation Workgroup. This is a public call and there will be time for public comment at the end and the call is also being transcribed so please make sure you identify yourself before speaking. I'll now take roll. Liz Johnson?

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Liz. Cris Ross? Robert Anthony? Kevin Brady? Anne Castro? Simon Cohn? Tim Cromwell? John Derr? Timothy Gutshall? Joe Heyman?

Joe Heyman – Whittier IPA

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Joe. David Kates? Tim Morris? Nancy Orvis? Steven Palmer? Wes Rishel? Kenneth Tarkoff? John Travis?

John Travis – Cerner Corporation

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, John. Micky Tripathi? And Gary Wietecha? And is there any staff on the line?

Scott Purnell-Saunders – U.S. Department of Health and Human Services

Scott Purnell-Saunders.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Scott.

Chris Brancato – Deloitte

Chris Brancato, Deloitte, supporting the Office of the National Coordinator.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Chris. Okay, Liz, I'll turn it over to you.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Great. Good morning everybody, we've got about an hour, we want to be sure and get through emergency room. Chris and Scott, I have a question for you. There is a document attached to our invitation that's the inpatient scenario, I'm looking at it, does it yet reflect our changes or is it the original one?

Scott Purnell-Saunders – U.S. Department of Health and Human Services

It's the original, we'll send out an updated one probably in the next day or two.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay, no problem. So, you know, pending the Workgroup input, what I'd like to do is just go onto the emergency room then and then MacKenzie we will go and do a review session when we…I think we meet again on the 23rd.

Chris Brancato – Deloitte

So, let's…this is Chris Brancato, before you move on just curious to see if you or Joe Heyman have any additional thoughts as you walk away from the inpatient scenario before you move on?

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Sure, Chris, I do not. Joe, how about you?

Joe Heyman – Whittier IPA

No, I don't either.

Chris Brancato – Deloitte

Okay, thank you, just wanted to make sure we captured those.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Great, you know, the…that's why I was asking…until I see it, you know, sort of out of its…with all of the updates that we've done, although I took pretty good notes so I think like you did it's hard to remember exactly did we catch everything.

Chris Brancato – Deloitte

Right, okay.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

So, with that let's go ahead and move into the test scenario for the emergency department and Chris or Scott, I'm not sure which of you would prefer to lead as we kind of start through that, I mean we'll be able to get into context fairly quickly. Do you have a preference?

Chris Brancato – Deloitte

Yeah, I can start if Scott doesn't have an objection.

Scott Purnell-Saunders – U.S. Department of Health and Human Services

No, I'm okay with that, I was going to say just probably start at the assumptions and we're good to roll.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay.

Chris Brancato – Deloitte

So, this was again meant to be a typical ED visit and in this scenario they discharged the patient to home from the ED. This is a general medical scenario precluded any trauma, etcetera. So, we can basically get right into it with the methodology. So, in this case…I guess I kind of went over it didn't I? All right, so this is an adult patient, we specifically stayed away from anybody under 18, if the Workgroup members certainly have a preference to want to try to do that I'll be happy to revisit that scenario.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Are we looking at…let me look here, the emergency one I had is for a 15-year-old.

Joe Heyman – Whittier IPA

That's the one I have too.

Chris Brancato – Deloitte

Oh, okay, that's not the one I have.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Well, is the one that you're looking at attached to our invite?

Chris Brancato – Deloitte

Yes.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Well, okay.

Chris Brancato – Deloitte

Hold the phone, let me see what happened.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

No, the one on the invite is a 15-year-old too.

Chris Brancato – Deloitte

Okay.

Scott Purnell-Saunders – U.S. Department of Health and Human Services

Yes, that would be they don't have a specific pediatric emergency department.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, I mean, exactly, I mean, I think that is the difference is that we are specifically saying this is not going into a pediatric ED but it's a patient that is under 18 years of age.

Chris Brancato – Deloitte

Right, okay. Right, okay, I was confused for a minute. The only differentiation is the lack of a specialized ER site of service, okay. So, in general this is a 9-1-1 emergency trigger pre-hospital, they pick up the 15-year-old, acute shortness of breath due to a previous history of asthma. The patient has multilingual skills, Spanish and English, family doesn't speak English at all just Spanish is their primary language.

So, EMS picks up the patient and does the normal pre-hospital stuff, patient preferred language is captured, gender, race, ethnicity, date-of-birth and vital signs then on…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Why don't we stop there, because we might be able to answer a few questions before we get into the actual scenario is that okay?

Chris Brancato – Deloitte

Yeah, please.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay, so my first question was actually back to the beginning under scenario assumptions and this document is not numbered but it's really right passed the, you know, where we do the certification criteria test list and it's interesting for the first time I'm seeing the comment that the professional licensed eligible providers as defined by Meaningful Use incentive program interim final rule, where did the interim final rule come from? That's a completely different notation than we've seen before. Does everybody see what I'm talking about?

Chris Brancato – Deloitte

Yes, I do. That was part of the boiler plate language so I'm not sure why…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Maybe I just missed it before.

Chris Brancato – Deloitte

I'm not sure why it does exist, so I guess the question for you Liz and Joe and John, do we need to keep this? Can we bail it, just delete it?

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, my suggestion to you and then I'll wait for Joe and John, I would take out interim final rule, we'll make an adjustment if…I mean, this is not defining what the rule says, this is simply saying that these are professional licensed eligible providers.

Chris Brancato – Deloitte

Yes, okay.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Joe or John, any problem with that?

John Travis – Cerner Corporation

No.

Joe Heyman – Whittier IPA

No.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay and then the second thing I just…you're kind of getting into the pre-hospital phase, you're describing a scenario where everybody basically speaks Spanish but you're indicating that we begin to collect information and I know this really has nothing to do with the test script except for validity, I can't figure out how the paramedics are going to get all this information unless they speak Spanish. And, I know I'm being nitpicky, but I want these to have validity when somebody else reads them.

Chris Brancato – Deloitte

Sure, I think, you know, we can resolve that a couple of ways, one of them could be, you know, I was a flight paramedic for a while and I can tell you that, you know, we always had to have some mastery of Spanish, but I understand what you mean, we could…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, just call it out, it's perfectly okay that the paramedics, you know, were…that either the people were able to give them enough information in English or the paramedics…but I just don't want somebody to read this and make hay of it before we ever get to the really important part.

Chris Brancato – Deloitte

Touché. No problem.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay. Okay and then the only other thing…I couldn't figure out, and sorry guys please add…I'll stop in just a second, before you get to the emergency room they were able to save the lives of patient in the ambulance somehow, I mean, we're found in extreme respiratory distress but we stabilized in the ambulance ride, again just from a clinical perspective, hard to fathom that actually happening. Joe or John, what do you think about that?

Joe Heyman – Whittier IPA

Well, I'm no expert on this; I'm a gynecologist, so…

John Travis – Cerner Corporation

And I'm…we're in trouble.

Chris Brancato – Deloitte

Well, I guess I'm the only respiratory therapist on the call.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

There you go, speak up, I mean…

Chris Brancato – Deloitte

It could happen but the likelihood of whether or not they respond to some therapeutics in the back of the ambulance is, you know, a factor of how severe.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Well you might…I mean, the way to fix it…let me just make a suggestion to you, if you just say the patient is found to be in moderate respiratory distress or something like that, I mean that would still substantiate an ambulance ride or think of a different word besides extreme, how about that and then we'll be done with that silliness.

Chris Brancato – Deloitte

Understood.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Great.

Chris Brancato – Deloitte

No problem.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Sorry guys, again, I just know that clinicians are going to be reading this and I don't want them to think that we were sitting on the phone, you know, without thinking through. So, now we can go to the emergency room, how about that?

Joe Heyman – Whittier IPA

Well, wait a minute.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Oh, we've got something else.

Joe Heyman – Whittier IPA

How about under the scenario assumptions it says the practice sees pediatric and adult patients, it should be the emergency department sees.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Oh, good catch.

Joe Heyman – Whittier IPA

And also, I would say, let's see what I said, I would say the emergency department sees both pediatric and adult patients but does not have specialist in pediatric emergency medicine rather than saying the emergency department and then saying again emergency department.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, that's a good idea. Did you all catch that?

Chris Brancato – Deloitte

I did.

Joe Heyman – Whittier IPA

And then further down it says a 15-year-old pediatric patient is being seen by a series of providers and acute exacerbation of previously diagnosed asthma, it's not English.

Chris Brancato – Deloitte

It's not a complete sentence.

Joe Heyman – Whittier IPA

Right, so I would say a 15-year-old patient who has been under the care of several providers appears with an acute exacerbation of previously diagnosed asthma.

Chris Brancato – Deloitte

Got it.

Joe Heyman – Whittier IPA

And in the next sentence you used the word their when it's a singular subject so I would use her.

Chris Brancato – Deloitte

Okay.

Joe Heyman – Whittier IPA

And then I think the term office, let's see, in each phase the personnel in the office will use the certified EHR to collect, reconcile and report clinical information. I was thinking you'd want to say in each phase the emergency department personnel will use the certified EHR.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Well, are we talking…are we strictly talking…because we've got an ambulance ride too, I don't know if they were counting on the office or Joe's right you're just trying to describe the ED, because the thing I've marked there was care setting.

Chris Brancato – Deloitte

Okay, we can put that in the right context.

Joe Heyman – Whittier IPA

Okay.

Chris Brancato – Deloitte

Thank you.

Joe Heyman – Whittier IPA

And then you've got the thing with the blue arrows.

Chris Brancato – Deloitte

Yes.

Joe Heyman – Whittier IPA

And there's no physical exam, surely somebody along the way is going to do a physical exam.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

I can't believe it.

Chris Brancato – Deloitte

Well, those bullet points are specific criteria that will be test during the scenario.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, the physical exam is not called out separately, Joe. You're absolutely right about during the scenario it should be described.

Chris Brancato – Deloitte

So why don't we put…I'll put one in there, it's no problem. I'll put a workflow sequence where there is, you know, a P&E done.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

And the other question I had again was I don't recall these red bullets, is this something new we're going to add?

Chris Brancato – Deloitte

No those were just notations for, you know, reviews.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay, okay. Okay, John, anything?

John Travis – Cerner Corporation

No, not so far.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay then let's keep going.

Joe Heyman – Whittier IPA

Under emergency department care phase are you guys going to say anything more or do you want us to just chime in?

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Well, did we get everything we thought we needed out of the pre-hospital phase?

Joe Heyman – Whittier IPA

Yeah, I'm done with that.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

How about, John, are you?

John Travis – Cerner Corporation

Pre-hospital phase and maybe it's not quite the right time, it could happen certainly upon arrival but one thing that struck me is since we've got a minor is a personal representative or a legal representative being documented?

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah or…

John Travis – Cerner Corporation

During patient demographic collection.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah.

John Travis – Cerner Corporation

Did I miss something? I looked for it and I'm not sure…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

No…

Chris Brancato – Deloitte

An earlier version does have someone in the ambulance, okay, no worries, I'll put it back, that's a good point.

Joe Heyman – Whittier IPA

Yeah, because you're intentionally choosing a 15-year-old so…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Right.

John Travis – Cerner Corporation

Yeah, who also is probably in need of a translator once they arrive and that may be dealt with I'm…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, that was one of the reasons why I…why was the language…I mean, are we just trying to get to the language, you know, the language issue, is that why we're making the Spanish thing?

Chris Brancato – Deloitte

Yes and it touches a couple of different criterion, criteria.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Right.

Chris Brancato – Deloitte

So, that's why I picked it is to be able to…

John Travis – Cerner Corporation

No, I think it's real good, the reason I bring up the translator and this is getting off topic, but it is legitimate that one of the…since it's an emergency circumstance, there's a couple of things that could prevail under HIPAA as to why the patient may not be able to give their consent.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Right.

John Travis – Cerner Corporation

And one of them is translator is needed, another would be certainly the emergency nature of the care, but that might be…the translator and legal representative kind of play in there given the way we're describing this and it's again not necessarily asking something out of the system but it would lend some credence to the scenario.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Right and…you know, you may be able to fix it by going up to your pre-hospital phase and so this is the choice our Workgroup can make or you can make rather than saying some members have almost no English skills, which is again kind of a grammatical situation, up in the very first paragraph under pre-hospitals the family speaks Spanish exclusively at home, that works well, and then some members have almost no English skills, we might want to say, you know, depending on which way you want to go, you know, a few family members speak English or you can say the opposite of that, whichever way, but the words themselves in that first paragraph don't make a lot of sense. I'm sorry; I had underlined that before and didn't bring it up.

Chris Brancato – Deloitte

Okay.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

But, it's still the same, at the end of the day the point is you've got a language barrier.

John Travis – Cerner Corporation

I did have one other…and it's just kind of a procedural question given the way the information is captured there in the pre-hospital phase through the paramedics, is there a presumption that the ambulance transport team has access to the hospital EHR?

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, I wondered the same thing.

John Travis – Cerner Corporation

Because, I'm not sure how common that is.

Chris Brancato – Deloitte

No, it's not common at all actually. Now the one caveat to that is I've seen systems where the ambulance crew, the EMS crew is hospital-based, they don't come out of other public service like the fire department or police department and they use wireless capability, depending on the sophistication of the system, but they do have the ability to capture data and import it into the electronic record.

John Travis – Cerner Corporation

Yeah, maybe that's all I was thinking is that it's something encrypted of how that data does get into the EHR through the selection by the EMTs.

Chris Brancato – Deloitte

I would say the default is paper at this point.

John Travis – Cerner Corporation

Which is fine, so maybe we want to say that so there is not…again just a little tight scenario.

Joe Heyman – Whittier IPA

Especially if there is no requirement for it to be there.

John Travis – Cerner Corporation

Right.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Right and if you read the whole scenario it doesn't ever speak to any of this information being entered into an EHR, it talks about the orders going in, but it doesn't talk about the data that's being collected or if it did I missed it.

Chris Brancato – Deloitte

Let me look back.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

You've got the summary of record being downloaded somehow.

Chris Brancato – Deloitte

Okay, we can certainly tighten that up, that's a very good point, appreciate that.

John Travis – Cerner Corporation

That was all I had in pre-hospitalization.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay, so Joe, you said you had some comments once we get into the emergency department?

Joe Heyman – Whittier IPA

Oh, mine is very simple, under the hospital has a mechanism to which the provider can access, I think that should be either through which…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, the second sentence, third paragraph.

Joe Heyman – Whittier IPA

Right, that needs to be fixed. And, let me see if I've got anything else here. Nope, that's all I have under that portion.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Now before we had a discussion about what would come from the summary document from…you know, the presumption here is the pediatrician has a record that can be provided to the ED EHR, are these the correct things for that required summary record? John you always catch this…

John Travis – Cerner Corporation

It's certainly a subset, it's not everything that I think is in it, but it's certainly a subset.

Joe Heyman – Whittier IPA

Well, I would say it's almost everything that's in the CDA.

John Travis – Cerner Corporation

Yeah, yeah, I mean, I think there is a…

Joe Heyman – Whittier IPA

I mean, it's sad but true.

John Travis – Cerner Corporation

Yeah, there may…the one that strikes me that's not there is structured lab results.

Joe Heyman – Whittier IPA

Yeah.

John Travis – Cerner Corporation

For example, there maybe a couple, I'd have to sit down with a list but that one jumps out at me. And I do have a question if we're kind of in that paragraph that provider is able to download and then we have the list. It's a question of scope with the certification, because…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Right.

John Travis – Cerner Corporation

Vendors are not going to be able to show an external system access let me put it that way. I assume that…and we did this before so it's not a big deal, but the tester typically would supply us with a summary of care in a CCD format or it would be consolidated CDA for 2014 certification, so I'm presuming that that's what would happen here, it's not our purpose to get into that, but I just want to make sure there wasn't a reaction to say, well how am I going to go access, you know, eClinicalWorks as Cerner to go get that summary. So, there's a pragmatic limit on how that can be tested, I'm sure that's known.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, the other thing just kind of going along with that, is that we've assumed that the demographic information is here and now we've got other parameters which are going to be needed for medication administration, so in order to do what follows in this scenario that information will have to be loaded, it can be loaded via a dataset you're right, but John is also right, as long as it's very clear to those who are testing or those who are the testers that that data is all going to be part of the dataset, they're not going to have to go get it somewhere.

John Travis – Cerner Corporation

Right.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Does that make sense, guys?

Chris Brancato – Deloitte

Yes.

John Travis – Cerner Corporation

So, basically what we do is we have to show how we can, you know, it might be to place it in a location that would be typical of how we receive an inbound structured clinical document and that's the starting point of our…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Right and that's why again, if we show up here in the emergency phase how we got those demographics in the system and then this data comes in via outside sources then we can move forward to what do we do with that data, particularly in relationship to med orders.

Chris Brancato – Deloitte

So, there are, Chris Brancato again, there are a couple of different ways that this will have to play out as far as how we test this, one is each criterion has to standalone so, you know, vendors like John can go in and test a specific module. So, we'll have to define very clearly what the input is and what the output is just like we do, you know, for Stage 1. In this scenario there maybe criterion where there is a data pull for some previously generated dataset in order to satisfy this part of the scenario.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

I'm okay with that if you are John? I mean, you're the one…

John Travis – Cerner Corporation

Yeah, I think so and that's typical of our experience today.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay. Okay, then the next question that I had and then Joe, we'll ask you as well, I assume at some point rather than saying something as vague as numerous medication orders that these scenarios would actually list the medications.

Chris Brancato – Deloitte

Yes and that's part of the dataset.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay, so once we…and I don't know how we get from A to B so you'll have to help me with this part, but one of the things that we ran into before and that we want to provide input to you on is that some of the medications that were suggested in previous testing scripts were not pertinent to current practice and so what we'd like to ask is as we get closer to an actual script that the Implementation Group take a quick perusal of that and make sure that we're using current medications.

Chris Brancato – Deloitte

That was on our list as well as we're developing the test data, so I appreciate that.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, I mean, the thing is, again when we present this in September we want to be able to assure the Standards Committee that we will take that next step when the time becomes appropriate because the same thing…the other thing that will be happening is a relook at these scenarios with Meaningful Use Stage 2 criterion in mind. The only other question I had on that one and then I will ask for John and Joe to play in, is when you say appropriate medication and therapeutics are adjusted based on interpretation of test results, again I would say it is the right thing to do, I'm assuming for example that we would make a dosage adjustment based on or an oxygen adjustment based on a disease or something, I'm not sure…it's so generic I don't know how to interpret it.

Chris Brancato – Deloitte

Again, Liz, I think you've got the right intent for sure, let's say the scenario would be the ABG comes back and there is some therapeutic adjustment whether it's medication or, you know, oxygen or…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

An RT treatment or something.

Chris Brancato – Deloitte

Right.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay. And, John, from your perspective as being a receiver of the test, as long as that is spelled out pretty clearly, it sounds okay to you?

John Travis – Cerner Corporation

Yeah, I think the importance is for us to have a reference we can work with.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay.

Chris Brancato – Deloitte

So, I do have a question for John on this, I'll use your system just as a, you know, as an example. I know there is a profile for the capture of PFT results, is that something that is typically captured in structured data or is that something that goes into a note somewhere?

John Travis – Cerner Corporation

I think…I don't mean to say it like a cop out, it depends on the form…but it certainly can be structured.

Chris Brancato – Deloitte

Okay, thank you, I appreciate that.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Joe, did you have any comments on that? We have one more sentence to go through before we get through with this.

Joe Heyman – Whittier IPA

No.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay, so on the last page of this scenario, the very first sentence it talks about the EHR, which I assume is the ED EHR will perform drug-drug, blah, blah, blah. Based on the information imported from the pediatrician's EHR, I was trying to figure out what that was all about, is that because we haven't collected an allergy ourselves or…I just couldn't follow the logic?

Chris Brancato – Deloitte

The logic there was there is…well there are two, one is the ability in the Stage 2 is to pull a summary care record in.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Right.

Chris Brancato – Deloitte

And the second one was there is a medication reconciliation component of this as well.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay, so you're thinking that because I have an active medication list and an active medication allergy list than I should be able to do drug-drug, drug-allergy?

Chris Brancato – Deloitte

Yes, Ma'am.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay, I'm okay with that, I mean it's the right thing to do, John and Joe what do you think?

John Travis – Cerner Corporation

I don't know that I have an objection.

Joe Heyman – Whittier IPA

Yeah, I'm not sure either, I'm…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

The only other thing is you said that the provider, which I guess is the ED provider, it gets confusing here, I'm assuming it's the ED provider completes the order, I'm assuming that's an ED order. The EHR performs these checks against the summary document to ensure the medications are safe to go home, so somehow we've skipped from giving medications in the ED to giving medications for discharge.

John Travis – Cerner Corporation

And, I was going to raise one question there, maybe this can help straighten this scenario out, we haven't, unless I missed it, tested for discharge ePrescribing, I don't know how realistic that…well, you know, it could be very common to have a discharge medication that can get filled externally.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Right.

John Travis – Cerner Corporation

See, that's where we do the checking, you know, so if we changed it from being…I mean, it's an order, but more descriptively an electronic prescription to be filled externally, but there still may be checking that can go on and then it's communicated out as a new eRx using the 10.6 standard.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, so we have to make a decision on the paragraph before discharge to home either it's a process that's still occurring as part of the acute care or the outpatient…however you may characterize ED, it's part of the ED care or it's as described here, it has…it looks like we're not giving medications in the ED we're giving medications to take home and then John's right, it's a perfect opportunity to do ePrescribing. I don't know…

Joe Heyman – Whittier IPA

Are you ePrescribing for the patient to go someplace else and pick up the drug?

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yes.

Joe Heyman – Whittier IPA

Okay.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

If that would be the scenario…I mean, like I said, when I read it, the paragraph, I assumed, except for it says, safe for the patient to take, I assumed that was in the ED and then I think John's right. So, it may be the words. I'm sorry, I guess I jumped to take home and what you meant was that we could administer the medications safely in the ED. Is that right, Chris?

Chris Brancato – Deloitte

It should be both as you pointed out.

John Travis – Cerner Corporation

Yeah, I was going to say, I think that's true.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay, so why…

John Travis – Cerner Corporation

…it could be both.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, why don't we say that then to administer in ED and continue for home use of something like that?

Joe Heyman – Whittier IPA

Are you still using the words information imported from the pediatrician?

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, well, yeah…

Chris Brancato – Deloitte

Yeah, we've got to get rid of import.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah. Well, at that point the truth of the matter is, is we have incorporated the information that comes from the CDA into the hospital EHR then we're checking against our own information at that point.

Joe Heyman – Whittier IPA

Right.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

So, you can fix that, Chris.

Chris Brancato – Deloitte

Yes, Ma'am.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay, great. And then lets…anything else with that and then we'll talk about discharge to home?

John Travis – Cerner Corporation

I'm sorry if I missed an explicit statement of it, because we talked about it last time from the inpatient perspective, but is there a discharge medication reconciliation we would want to do in here?

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yes.

John Travis – Cerner Corporation

Because, we're receiving an active medication list, we're writing new prescriptions that's going to trigger the need to do a reconciliation I would think.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, and that would be part of discharge to home.

John Travis – Cerner Corporation

Okay.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah. So, yes it is required. Whether it's discharge to home or discharge to any other setting we have to do a medication reconciliation.

John Travis – Cerner Corporation

Yeah, I just didn't see it in there.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

No, you're right, you're right. Okay, so we can add that and then what do you guys think about the idea of go ahead and testing ePrescribing at this point? Now, ePrescribing, well its menu so for a vendor it's both, right John?

John Travis – Cerner Corporation

Yeah and again as we've said if you just want to do the modular you go do the modular.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Right.

John Travis – Cerner Corporation

So a lot of us have it incorporated into our main line EHR as kind of a core capability.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Well, yeah and I think the other thing a lot of you do is it's part of the discharge process, I mean, you know, because I'm familiar with your product and I'm sure others are like this, you know, there is actually the opportunity as part of reconciliating medications to go ahead and do discharge orders for medications, ePrescribed or not.

John Travis – Cerner Corporation

Yeah.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

So, Chris, we need to kind of build that into it.

Chris Brancato – Deloitte

No problem.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

All right.

Chris Brancato – Deloitte

Thank you.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Let's see here, so we've got our opportunity to get the discharge instructions. What I don't know if it's required and I don't see it, oh there they are, specific education, okay. So, we've got, you've got a medication reconciliation, you've got ePrescribing, you've got discharge instructions, you've got educational resources, of course you covered the Spanish part, and you've done a DVD. Why did you call for a PDF format?

Pink Panther Music

John Travis – Cerner Corporation

I loved that show when I was a kid.

Chris Brancato – Deloitte

I think somehow that's appropriate for the question at hand.

John Travis – Cerner Corporation

Yes.

Joe Heyman – Whittier IPA

Shouldn't it just be a written format or a printed format?

Chris Brancato – Deloitte

Well, the intent was…

Joe Heyman – Whittier IPA

Or paper format?

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

I think what you're trying to do is say that if we're going to give it to the patient on a DVD or whatever media you say it has to be secure.

Chris Brancato – Deloitte

That was part of that and the other part of it was the patient has no mechanism to consume a structured document. So, would your preference be paper?

Joe Heyman – Whittier IPA

Yeah, I think so, because I mean, I could…I'm sure that it's similar to what I do. I print out, basically it's the CDA, but it's on paper.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

But, is that… so the sentence before that says they ask the patient if they want an electronic copy and I think that meets the regulation, it doesn't really, you don't really test for it, but that meets the regulatory requirement that we have to offer it or we have to provide it if they ask actually, but regardless, and I think what you're trying to get to, Chris, is that they recognize that this patient doesn't have the any way to look at something electronic.

Chris Brancato – Deloitte

Correct.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

And so now you're saying we're going to provide the information and I think that's where Joe's going is to say realistically if they don't have the media at home to deal with this then wouldn't we give it to them in paper. Now, I don't know what we test for there other than printing.

Chris Brancato – Deloitte

Well in the current testing scenarios it's not a required functionality demonstrated, it would be impossible since we're doing almost all the testing remotely, so, I mean, they might be able to demonstrate.

Joe Heyman – Whittier IPA

Also, I'm concerned, is there a requirement that the discharge instructions and the educational material be able to be provided electronically? I mean, I think, the implication of that, because it follows the previous sentence is that the discharge instructions should be able to be provided on a DVD and I'm not sure that…

John Travis – Cerner Corporation

That might be a little constraining for the latitude and you're getting into testing methods chosen by the vendor, if for example the final certification criterion says something to the effect of like it was for Stage 1, it could be provided as the actual instruction or as I might term it instructions about how to get the instructions, you know, so go to this website.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Right, yeah, here's the link.

John Travis – Cerner Corporation

Yeah, so to avoid a complication of that kind if there is, you know, two valid ways to do it maybe we just simply say that, you know, pick a neutral term that the information on the discharge instructions was provided electronically, it's hard to say it without predicting the method, but…

Chris Brancato – Deloitte

Right.

John Travis – Cerner Corporation

Something to that effect, that's where you have the hard job and we have the easy one we can just kind of point out the things like that though we'll suggest the wording, but yeah, something…unless you want to say or give the…the difficulty with "or" is we've often talked is that it suggests both.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Right.

John Travis – Cerner Corporation

But, really if it's the intent is to give the vendor latitude on how they would choose to certify then we want to write this not to box it in.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, but I…oh, I agree with John, I mean, we've been warned by Kevin numerous times from NIST that you really should leave out the word "or" or it is going to imply that they have to write any testing script where you have to demonstrate both.

John Travis – Cerner Corporation

Yeah and if that's the intent, fine.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, exactly.

John Travis – Cerner Corporation

So, it's an operational decision, we have clients who do both, you know, we tested showing how we actually provide it, but, you know, some of them just simply want to provide a link or give direction on where to go. The only caveat is we learned from Rob over the march of time was you have to actually provide it, provide whatever it is at the time of discharge, you can't send it to him in the US Mail, we literally had somebody ask us that. Like, what part of provide electronically at time of discharge do you not understand? Well, we used the system to print it, that type of thing.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, so here's the quandary so that we kind of close this discussion. We know that the reg says you had to be able to it produce electronically. We also know that some patients can't use it in that format. So, if the testing scenario is you've got to be able to produce it from a testing scenario and the real life scenario is we may or may not use it I think we're okay, right? Because it is true that you've got to be able to produce it and you need to be able to test so that you can be certified to do the same. I think what this is acknowledging, and I think Chris, it's okay to modify it is just to say that, you know, that they have to test to do it, but in this particular scenario patient was unable to…electronic media, printed copy was provided.

Chris Brancato – Deloitte

Okay.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay.

Chris Brancato – Deloitte

No worries.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

All right and then I did think it was interesting and I'm guessing here that you're just trying to make sure that we understand that the family doesn't speak English, according to the scenario, and yet we provide them the discharge instructions in English and Spanish, and I think that was for testing purposes not necessarily for the family.

Chris Brancato – Deloitte

Correct.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

All right.

Joe Heyman – Whittier IPA

All right, so this is Joe, the only other thing that I have here is not the Spanish but the English, it says the patient is stabilized to the point where they are ready to be discharged home, I believe that's she or he, or...

Chris Brancato – Deloitte

Right.

Joe Heyman – Whittier IPA

And staff asked the patient if they would like an electronic copy and a copy of their health information before they leave.

Chris Brancato – Deloitte

It was the challenge of gender neutrality.

Joe Heyman – Whittier IPA

Well, I think grammar is more important than general neutrality.

Chris Brancato – Deloitte

No worries.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, one of the things that I've done, Chris, on numerous occasions is I either put he/she or I just pick a gender and stick with it.

Joe Heyman – Whittier IPA

Exactly.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Now, the one thing I don't know, because this…you know, I was trying to look back through this list of criterion that we need to test for and I was trying to figure out was there anything that happened in the ED…what I was trying to think about was the usefulness of the scenario. So, we talked about doing an ED scenario and I'm guessing that would be for an ED module, because really what I was getting to was where was the…what was the value of the scenario, because we tested for all these and others.

The other thing I was going to say…the only other thing I thought of, besides that question, which I guess we were thinking about, is do we have any obligation, we didn't really address smoking status other than to say we collected it and you have to do more than just collect smoking status, you have to address it, do we assume in the process of collecting it then we also address it? Do you know what I mean, Chris?

Chris Brancato – Deloitte

I do, I'm not sure how to answer that question.

Joe Heyman – Whittier IPA

Well, if you've got a 15-year-old who has asthma and she smokes, surely somebody would tell her to stop smoking.

Scott Purnell-Saunders – U.S. Department of Health and Human Services

Yeah, but is that really pertinent…do we have to do that because of the age?

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, that's why I'm asking, I don't know. I mean, all I know is that it has to be documented, it has to be addressed…let me think…let me ask this question, John, maybe…because I forget sometimes where Meaningful Use leaves off and practice comes in.

John Travis – Cerner Corporation

Yeah.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

So, when we talk about Meaningful Use, smoking status and Joe you and I both go to the, what do you do about it, is all that's required by Meaningful Use is that we have documented the same?

Joe Heyman – Whittier IPA

I think so.

John Travis – Cerner Corporation

Yes.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay, so, okay, all right. So, then I was just going back to make sure that we got everything, we never talked about password and ID and that sort of thing but I don't know that we have to. I'm going back to the second…under the…Joe where you started to make sure that we have covered all of these things. I'm assuming emergency…you're assuming that they kind of broke the glass to get to the pediatric EHR.

Chris Brancato – Deloitte

Yes, Ma'am.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay. Okay, then otherwise I think we've covered the criterion. Does everybody else want to look at those and make sure that that's correct?

John Travis – Cerner Corporation

Yeah, I only had the ones about the…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

ePrescribe.

John Travis – Cerner Corporation

ePrescribe and the medication reconciliation.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay.

John Travis – Cerner Corporation

I think we covered drug formulary checking in the…kind of toward the end of the…

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, and drug…oh, yeah, true.

John Travis – Cerner Corporation

Yeah, I didn't see drug formulary explicitly called out, but I made an assumption it would be in there.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Yeah, you're right, you're right and that's again, Chris, we specifically called out allergies and drug-drug and drug-allergy but we never did say…I mean, I think, when we got to the medication orders, if you actually look at the script it would have to…you'd have to check against a formulary, right?

Chris Brancato – Deloitte

Yes.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay. Okay, I think we're ready for you to make those amendments and for us to look at all three of them at our next meeting.

Chris Brancato – Deloitte

Okay, thank you very much for your feedback.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Of course, anybody else, Joe or John other comments?

John Travis – Cerner Corporation

No, that's all for me.

Joe Heyman – Whittier IPA

That's all for me.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Okay, MacKenzie do we want to open it up for public comment?

MacKenzie Robertson – Office of the National Coordinator

Sure, operator can you please open the lines for public comment?

Public Comment

Rebecca Armendariz – Altarum Institute

If you would like to make a public comment and you are listening via your computer speakers please dial 1-877-705-2976 and press *1 or if you're listening via your telephone you may press *1 at this time to be entered into the queue. We have no comment at this time.

Elizabeth Johnson – Tenet Healthcare – Vice President Applied Clinical Informatics

Great, thank you. Thank you everyone for helping us get through this process and MacKenzie I believe our next meeting is on the 23rd?

MacKenzie Robertson – Office of the National Coordinator

Correct, from 2:00 to 3:30.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Great, all right, and Scott and Chris, at that point will we have had our…the kind of revised document sent back out to us?

Scott Purnell-Saunders – U.S. Department of Health and Human Services

Yes, we'll circulate it back out.

Chris Brancato – Deloitte

Absolutely.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Great, perfect. All right, guys, thanks so much, have a great week.

MacKenzie Robertson – Office of the National Coordinator

Thanks everyone.

Chris Brancato – Deloitte

Thank you.

Elizabeth Johnson – Tenet Healthcare – Vice President, Applied Clinical Informatics

Bye-bye.

John Travis – Cerner Corporation

Bye.

Joe Heyman – Whittier IPA

Bye-bye.